

1. Collector Training

We believe that the collection sites should be certified and then they would be proficient in training their own staff. With saying this please keep in mind the fact that many of the collection sites are small and cannot afford to go to Arizona or Washington DC for a three day training program. What would be nice is to have an on line certifying service via the DOT that collection sites can sign on take the tests and perhaps even have a DHHS lab write a letter to say if the collection site is indeed following the regulations. I don't believe there should be costs associated with the training. I mean the entire purpose of the certification is to assure all collectors are following the proper instructions thus, decreasing the amount of errors. Is it not?

2. Collection Process

It has been our experience that after presenting an insufficient amount of urine most of the time its because they know they will test positive. In this case if they refuse to drink fluids as directed by the collector, the collector should stop the collection proceedings and tell the donor that A failure to drink as directed would constitute a refusal to test and they will be terminated from employment. Should the collection be curtailed at this point and the refusal to test be tested the final result? absolutely. Shy bladder should only be a last recourse and used only if the donor is obviously drinking liquids and attempting to provide the specimen. Two hours is enough time for a human body to process 45 mls of urine. we have found that when the rules changed from two hours to three that the same employees would wait the three hours to give a specimen that used to take only two hours to give. waiting three hours is a waste of everyone's time. I have to pay the collectors to sit and so does the employer. in most cases, not all, the donor is doing this to "get over on the employer".

3. Directly observed and monitored collections, respectively.

After 20 years of drug testing I can tell if a urine test result is going to read " creatine low" specimen dilute just by looking at the specimen. for our non-DOT customers it is policy to discard any urine that doesn't have a yellow color to it. when a person drinks so much that they have over hydrated their bodies they can typically provide another specimen within twenty minutes. we ask them to keep giving us samples until they produce a urine with color. we give them up to one hour. if after one hour the urine is still clear then they are referred to a substance abuse counselor and in some case they are terminated from employment. why waste the company and the laboratory's time and money. also, if the MRO reports a diluted negative specimen the employee should be random tested immediately. a direct observation for a diluted specimen is nonsense. the person has drank too water! if the collector is doing their job then there should be no other way for the donor to dilute their specimen. if a direct observation is necessary and the donor refuses to permit a directly observed or monitored collection then the donor should be terminated from employment.

4. Employer Actions

Why do you think a person that tests positive for a controlled substance be allowed to continue to work? this is nonsense. if a person is under the influence of a confirmed controlled substance or alcohol while at work they are putting the lives of everyone around them in harms way! they should be immediately taken out of work and referred to a SAP and not allowed to return to work until they are free of drugs or alcohol and they have undergone classes explaining why they should not be at work while under the influence of a controlled substance or alcohol. why do we feel so compelled to protect these people and save their jobs. they obviously don't care about any of their co-workers let alone their employer's safety or well being. and I don't care if they will have no income either. if they were serious about their job and their family they will gladly accept treatment. sometimes taking away their lively hood is the only thing that will wake them up.

5. Insufficient breath and urine.

Let me share a very disturbing story with you. a bus driver was random picked for alcohol. she was 65 years old and has been a bus driver for many years and has undergone numerous breath alcohol testing at other

collection sites according to her employer. anyway, her company now uses our facility and she came in for her test at 9:00 am after she dropped the kids at school. as soon as she came into the center, no knowing what test she was having done, she told me she has been under her doctors care for emphysema and was taking steroids. so when I told her she had to have a breath alcohol test and not a urine test she didn't seem to be surprised. so we completed the paper work and attempted six times to get an adequate amount of breath without avail that is until the last time she attempted and the machine registered a 0.24 and then promptly malfunctioned. I believe she placed her tongue over the opening but I have no prove of this action. but, I did ask her if she did this and of course she said no. well, I called her supervisor and told them that she would have to see a doctor and have the appropriate testing done to confirm that she can not breath six seconds into the machine. I called her doctor and sent him a letter explaining exactly what it was that I needed. she had a PFT done two weeks later and then the doctor sent me her PFT report and said for me to determine if she could breath for six seconds or not. we conversed back and forth for two days. the doctor just would not cooperate. he finally wrote that she could not breath for the six seconds required. now this doctor new that I suspected that she had been drinking. the way the rules read now the employer has to approver the doctor. well, this happens to be a non-profit organization and drug testing is costly for them already so there's no way they are going to want to pick up the tab for a PFT, doctor's visits and what not especially when the employee has medical insurance to cover the costs. now I feel like my hands are tied. if I was permitted to draw blood on her I bet she would have produced the adequate amount of breath at the outset.

Here's my proposal: if a donor cannot provide enough breath after three attempts then draw blood. if they can't provide enough urine after drinking 40oz and waiting two hours then draw blood. this waiting and pandering to the obvious abusers is wasting valuable time, money and the safety of our motoring public.

6. SAPs should receive reports of the quantity of drugs in an employee's system, to help them determine what sort of treatment might be appropriate.

7. TPA's: I own a TPA and advertise that we specialize in 49 CFR parts 382. and 40. we provide all the required services that assure our customer is complaint. I think all TPA's should be mandated to be certified as a collection site as I explained above. and it is imperative that the MRO be certified as well. if we are going to mandate that this program then it should be of utmost quality. how else will we eliminate this issue in our society?

I know of many family practice doctors that say the are MRO's when in fact they have no clue what an MRO is to doe except read drug testing reports.

8. This issue is not mentioned however, since I do have an issue with it I am going to mention it now. many independent drivers as well as small one and two man trucking companies do not believe they have to comply with these regulations. the DOT need to create a better way to reach these folks and inform them of their responsibility of highway safety.

9. Another issue not mentioned is when an owner operator is the employer as well as his own employee. I had an owner operator come in for testing because he was going to work for a company that required a negative test result. well his test was positive for amphetamines. I scheduled him to see the SAP and he admitted that he did in deed abuse drugs. He did not cooperate with the SAP recommendations for treatment by not attending his treatment sessions, answering phone messages or certified letters. it is my guess that he went to another collection site when he was clean and had another test done for his new employer. what are we to do in a situation like this? my suggestion is to have the collection site report this person to a central location where employers can check employee's records before they are hired.